Mental Health and Family Life among Kindergarten Children in Rural Areas

Overview

An analysis of baseline data in the Kindergarten Cohort of the federal Early Childhood Longitudinal Study (ECLS-K) reveals that rural kindergarteners do not differ from non-rural kindergarteners on many indicators of social-emotional health, but that rural children are at a significant disadvantage in terms of some parenting practices and in potential access to mental health services through formal early childhood programs.

Background

Nationally, one in five children and adolescents is estimated to have a mental health problem while one in ten has a serious mental health problem (Pottick, et al., 2002). The available data indicate no dramatic disparities between rural and non-rural young children on mental health indicators. However, two factors in rural communities seem to combine to form a greater threat of mental health problems to rural young children: higher rates of poverty and poorer access to preventative and early intervention mental health services.

Rural children are more likely to live in poverty. The U.S. Economic Research Service reported this year that 21% of rural children lived in poverty, in comparison with 18% of non-rural children (2005). Rural child poverty rates are higher for all racial and ethnic groups except Asian Americans (Rural Families Data Center, 2004). Family poverty can indirectly contribute to childhood behavioral disorders because it can lead to mental health problems in parents and/or increase the chance of child abuse (U.S. Department of Health and Human Services, 1999).

Nationwide, the capacity of mental health services has not kept pace with demand (Pottick, et al., 2002). Rural communities have particular difficulty meeting the needs for mental health services, and rural children are one of the groups least likely to have access to services (U.S. Department of Health and Human Services, 2003, 2004). For
example, Gamm et al. (2003) calculate that 95% of smaller rural counties with populations of 2,500 to 20,000 have no child psychiatrist. Mental health providers in rural areas typically are bachelor’s degree–level social workers without authority to prescribe medications (Koppelman, 2004). State and local rural health leaders have ranked mental health as the fourth-highest rural health priority (Gamm, et al., 2003) and Koppelman said an adequate supply of providers is “critical in meeting children’s unmet needs for mental health care” (2004, p. 3).

Despite the rural risk factors of poverty and lack of access to preventive and early intervention mental health services, there is little publicly available data about the mental health needs of rural young children and their families (Thompson, 2005). For example, there is no clear data about whether rural families living in poverty tend to experience parental depression, domestic violence, and/or substance abuse at greater rates than non-rural families or non-poor families. Observing that poverty, parental depression, domestic violence and substance abuse all threaten children’s well-being, Lawrence, Chau, and Lennon called in 2004 for more study of “the extent to which these problems co-occur among low-income families and about their combined effect on children” (p. 3). For adults who do suffer from depression, little is known about disparities between ethnic or socioeconomic groups (U.S. Department of Health and Human Services, 2004). Moreover, the proportion of adults with mental illness who are parents is not available, so the scope of unmet need for parenting support among parents with mental illness is not known (Nicholson, et al., 2002).

In the Kindergarten Cohort of the ECLS overall, children appear to have been developing positive social skills. West, Denton, and Germino-Hausken (2000) found that 80% of parents believed their children joined others, made friends, and comforted others often or very often. Teachers reported observing these positive behaviors less often, but still rated half to three-fourths of kindergarteners as having these skills. Concerning problem behaviors, teachers reported that just 10 to 11% of kindergarteners often or very often argued or fought with others or easily became angry. Parents reported observing higher rates for frequent problem behaviors: 15% for fighting often to very often, 33% for arguing often to very often.

**Rural Differences**

Overall, the baseline data in the ECLS-K suggests that rural kindergarteners did not differ from non-rural kindergarteners on many indicators of social-emotional health. Rural life appears to offer some benefits for the social-emotional development of young children and their families:

- **Social competence:** Rural kindergarteners were significantly more likely to demonstrate social competence (45.3% of rural children vs. 41.9% of non-rural children). Rural Southern children also were significantly more likely to demonstrate social competence than the non-rural Southern children (48.6% vs. 43.5%).

- **Neighborhood safety:** Significantly more parents in the rural subset perceived that their neighborhoods were safe, with 81.8% of rural parents saying their neighborhoods are safe in comparison with 69.6% of non-rural parents. This difference holds for all ethnic and income (under $25,000, $25,000 to $74,999, and $75,000 and above) groups except American Indians and Alaska Natives (AI-AN), and in that group the difference between rural and non-rural parents is not significant.

![Figure 1. Proportions of rural and non-rural kindergarteners who demonstrate social competence. (Source: Rural Analysis by Rural Early Childhood and Child Trends of ECLS-K Baseline Data.)](image)
• **Parental warmth:** Rural parents were significantly more likely to demonstrate warmth toward their children than non-rural parents, although warmth was high in both groups (74.7% vs. 71.8%). The rural advantage in this regard is even greater for low-income parents: 70% of rural parents with annual incomes under $25,000 demonstrated warmth while 62.3% of non-rural low-income parents do so.

• **Home activities:** Rural families in middle- and high-income groups were significantly more likely to engage in frequent home activities together (such as doing art projects, reading, or playing games) than were non-rural families in the same income groups.

• **Parental aggravation:** Rural parents were significantly less likely than non-rural parents to indicate that they experienced high levels of aggravation in parenting (9.8% vs. 11.1%). This difference is striking for parents with annual incomes under $25,000: 11.7% of low-income rural parents experienced aggravation, while 17.3% of low-income non-rural parents did so.

Rural life does not appear be a factor in the social-emotional development of young children in some regards:

• **Behavior:** Overall, rural children and non-rural children demonstrated no significant differences in rates of externalizing problem behavior, such as routinely taking toys from other children and trying to hide their actions when questioned; internalizing problem behaviors, such as episodic stomach aches related to change or in an attempt to manipulate a situation; or in self-control. There were exceptions to the pattern for specific ethnic and geographic subgroups, however: Rural American Indian and Alaska Native children were more likely than non-rural children in the same group (10.8% vs. 4.9%) to often or very often demonstrate internalizing behavior problems. Rural children in the West were more likely to do likewise than non-rural children in the West (9.2% vs. 5.6%).

• **Family routines:** There were no significant differences between rural and non-rural families of kindergarteners in terms of having regular times for breakfast, dinner, and bed or for eating breakfast together – indicators of family life that can support positive communication among family members. However, rural families were more likely to eat dinner together as a family than were non-rural families.

• **Religious discussions:** About the same proportions of rural and non-rural families of kindergarteners appeared to engage in religious discussions several times per week (39.6% of rural families and 40% of non-rural families).

• **Spanking:** The proportion of parents who reported that they spanked their children one or more times per week was not significantly different between rural and non-rural respondents in the ECLS-K (29.5% for rural parents vs. 26.5% for non-rural parents).

• **Maternal depression** is an important risk factor for young children. Young children with depressed mothers have higher rates of school difficulty, childhood depression, and adult depression themselves (Child Trends, 2004). According to parents’ own reports of depression in the ECLS-K (most respondents were mothers), parents (in most cases the mothers) in most ethnic and income groups had slightly higher rates of depression, but the differences are not significant (6.5% for rural mothers overall vs. 5.6% for non-rural mothers overall).

For some social-emotional indicators, however, rural life appears to be a significant risk factor for young children:

• **Positive discipline:** Rural Non-Hispanic white (hereafter white) and Non-Hispanic black (hereafter black) parents were significantly less likely than non-rural white and black parents to use positive discipline exclusively with their children. Among rural white parents, 72.6% reported using positive discipline while 76.7% of non-rural white
parents did so; for black parents, the difference is almost 8%age points.

- **Spanking:** The overall rural/non-rural difference concerning spanking is not significant. However, rural white parents were significantly more likely than non-rural white parents to report that they spanked their children once or more often per week (28.0% vs. 22.2%). Rural parents with high incomes also are significantly more likely to use spanking than non-rural parents with high incomes (23.9% vs. 17.8%).

- **Family routines:** Rural white families are significantly less likely than non-rural white families to eat breakfast together at least three times per week (66.0% vs. 72.2%).

- **Potential access to mental health services:** Early childhood education and care programs and medical visits are two settings in which problems in social-emotional development can be identified and intervention suggested. Rural children overall were only two-thirds as likely as non-rural children to have attended a center-based early childhood program in the year before kindergarten (30.4% vs. 45.4%). Rural black children were significantly less likely than non-rural black children to have visited a doctor for a well-child check-up in the year before kindergarten entry (92.3% vs. 96.1%).

Within the rural subset, there are ethnic and income disparities on some measures of family and child social-emotional health:

- **Neighborhood safety:** Black rural parents are almost one-fourth less likely to believe their neighborhoods are safe than are white rural parents (66.7% vs. 85.5%).

- **Home activities:** Only half of black rural families (51.8%) reported engaging in frequent home activities such as art projects and reading stories, while two-thirds of white rural families (66.3%) did so.

- **Positive discipline:** Comparing black, white, Hispanic and AI-AN rural parents, black parents were substantially less likely to use positive discipline exclusively with their children (43.6% of black rural parents vs. 72.6% of white rural parents and 75.9% of Hispanic parents). American Indian and Alaska Native rural parents were the most likely to use positive discipline exclusively (85%). These are wider gaps than for non-rural parents, among whom white, Hispanic, and AI-AN parents all reported using positive discipline exclusively at rates of about 75%, while 51.5% of non-rural black parents did so.
• **Spanking:** Almost half of black rural parents reported spanking their children once per week or more often, while less than a third of rural white and rural Hispanic parents did so (45.7% vs. 28.0 and 28.5%, respectively). Only 19.2% of rural AI-AN kindergarteners had parents who spanked this often. The range for parents in all ethnic groups was much wider for rural parents (26.5 points) than for non-rural parents (14.1 points). Rural parents with high incomes were also significantly more likely to spank their children frequently than were non-rural parents in this income bracket (23.9% vs. 17.8%).

• **Spanking in response to hitting:** Rural parents in some ethnic subgroups were significantly more likely than non-rural parents to punish children for hitting by spanking or hitting the children, and more than half of rural black parents reported doing so. The difference is significant for both white and black rural parents: 22.3% of rural white parents responded in this way, in comparison to 15.9% of non-rural white parents. Among black rural parents, 55.2% said they punished hitting by hitting, in comparison with 45.1% of black non-rural parents. The gap is widest between white and black rural parents.

• **Maternal depression:** Self-reported symptoms of depression are significantly more common for rural Hispanic and black mothers than for rural AI-AN and white mothers.

• **Parental aggravation:** Black rural parents are more than twice as likely as white rural parents to report high levels of parental aggravation (16.8% vs. 7.6%).

• **Family routines:** Rural white families are substantially more likely than rural black families to eat breakfast together at least three times per week (66.0% vs. 41.4%). This gap is narrower for eating dinner together at least three times per week (95.0% of rural white families vs. 87.4% of rural black families).

**Conclusion**

Comparisons of rural and non-rural young children in the baseline data of the Kindergarten Cohort of the Early Childhood Longitudinal Study, with breakdowns for ethnicity and family income, reveal that rural life is associated with some positive indicators for early childhood social-emotional development, such as beginning kindergarteners’ social competence, neighborhood safety, and parental coping. Rural life appears to have no relationship to some indicators, such as internalizing and externalizing behavior problems and maternal depression. However, rural life is associated with some social-emotional risk factors, particularly negative parental discipline. Ethnic disparities within the rural subset of the ECLS-K tend to be similar to ethnic disparities in the non-rural subset. More analysis of these findings may suggest implications for enhanced parent support and education in rural communities.

**References**


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